

## Foster Family Home - Corrective Action Report

Provider ID: 2-160020

Home Name: Gina Tugade, CNA

Review ID: 2-160020-6

15-1440 18th Avenue

Reviewer: Lori O'Keefe

Kea'au HI 96749

Begin Date: 11/13/2019

<b>Foster Family Home</b>	<b>Required Certificate</b>	<b>[11-800-6]</b>
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Annual inspection performed on 11/13/19 for this 3 client home. The home was not in full compliance on the day of visit and is issued a corrective action report via email on 11/15/19. The home will submit a written corrective action plan to CTA by 12/15/19.

<b>Foster Family Home</b>	<b>Background Checks</b>	<b>[11-800-8]</b>
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.2 - CG's #1, 2, and 3 have expired APS/CAN clearances.

CG#1 expired 1/21/19

CG#2 expired 1/30/19

CG#3 expired 1/30/19

<b>Foster Family Home</b>	<b>Information Confidentiality</b>	<b>[11-800-16]</b>
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5 - There is no evidence in the home binder of confidentiality or client privacy rights training being provided to CG's #2,3,4,5 and HHM's #1 and 2.

# Foster Family Home - Corrective Action Report

<b>Foster Family Home</b>	<b>Personnel and Staffing</b>	<b>[11-800-41]</b>
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|-----------|--|
| 41.(a)(3) | Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and  |
| 41.(b)(4) | Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).  |
| 41.(b)(7) | Have a current tuberculosis clearance that meets department guidelines; and  |
| 41.(b)(8) | Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.  |
| 41.(g)    | The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan. |

Comment:

41.a.3 - There is no evidence on file supporting SCG work experience for CG's #2, 4 and 5.

41.b.4 - CG#5 does not have a disclosure form on file.

41.b.7 - CG's #1, 3, 4 and 5 and HHM's #1 and 2 do not have current TB clearances on file.

41.b.8 - CG#1 has expired CPR/First aid and blood borne pathogens training on file.

CG#2 has no First aid or blood borne pathogens training on file.

CG#3 has no CPR/First aid and has expired blood borne pathogen training on file.

CG#4 has expired blood borne pathogen training on file.

CG#5 has expired CPR/First aid on file

41.g - All Client records lack evidence of basic skills competency check of by the CMA RN for CG's #3, 4 and 5.

<b>Foster Family Home</b>	<b>Client Care and Services</b>	<b>[11-800-43]</b>
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|-----------|---|
| 43.(c)(3) | Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100. |
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Comment:

43.c.3 - All client records lack RN delegation for CG's #3, 4, and 5.

<b>Foster Family Home</b>	<b>Fire Safety</b>	<b>[11-800-46]</b>
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|--------|---|
| 46.(a) | The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors. |
|--------|---|

Comment:

46.a - The home has only been conducting fire drills in the morning hours. No SCG's have conducted a fire drill so far for 2019 and there is no documentation of smoke detectors being tested during the fire drills.

## Foster Family Home - Corrective Action Report

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.a.1 - CG#5 is not covered by the homes general liability policy.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.c.2 - All client records lack current service plans and the plans in the record have no updates on them.

Lori O'Keefe RN  
Compliance Manager

see next page for signature  
Primary Care Giver

11/15/19  
Date

                      
Date



## Foster Family Home - Corrective Action Report

Foster Family Home

Insurance Requirements

[11-800-51]

51 (a)(1)

General

Comment

51.a.1 - CG#5 is not covered by the homes general liability policy.

Foster Family Home

Records

[11-800-64]

54 (b)(2)

Client's current individual service plan, and when appropriate, a transportation plan approved by the department.

Comment

54 b.2 - All client records lack current service plans and the plans in the record have no updates on them.

Jari Dykstra  
Compliance Manager

Guia C. Tugade CNA  
Primary Care Giver

11/15/19  
Date

11/15/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: GINA C. TUGADE

CCFFH Address: 151440 18th Ave. Kalohe Keolu HI 96749

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.2	Obtained APS/CAN check for Cg's 1-3. Green light finding filed in Binder and copy to CTA.	11/18/19	Home will use calendar on iPhone to input all due dates to prevent any future lapses..
16.b.5	Cg # 2, 3, 4, 5 and HHM's # 1 and 2 was trained on confidentiality and signed the form..	11/15/19	In the future, all new caregivers and household members will receive this training before added to the home..

Primary Caregiver's Signature: *G. Tugade*

Print Name: GINA C. TUGADE CNA

Date of Signature: 11/21/19

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Chapter 17-1454

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CCFFH Address: 151440 18th Ave. Kalohe Koaan HI 96749

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.a.3	Work experience documents of Cg#2 4, 5 here to attached Filed in binder.	11/16/19	Home will checked all the documents of any caregiver before added to the home.
41.b.4	Disclosure forms of Cg#s 6 submitted Cg# 1, 3, 4 and 5 and household members. Filed in binder.	11/16/19	Asked caregivers to fillout all the forms especially disclosure form before submitting to the home..

Primary Caregiver's Signature: G. Tugade

Print Name: GINA C. TUGADE

Date of Signature: 11/21/19

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Chapter 17-1454

CCFFH Name: GINA C. TUGADE  
CCFFH Address: 151440 16th Ave. Kalo Li. Koaau HI 96749

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.7	CG# 1,3,4,5 and HHM's # 1 and 2 have accomplished TB clearance. Filed in binder.	11/19/19	Home will use a spreadsheet on laptop to identify requirements are due 2 months before they expire to allow time to get them done before they are due.
41.b.8	CG# 1, 2, 3, 4, 5 have accomplished CPR/First aid and blood borne pathogens Filed in binder.	11/15/19	Home will use iPhone or calendar to input all due dates to prevent any future lapses.
41.g	Obtained from CMA the basic skills and competency. Filed in client chart.		Will request from CMA the basic skills and competency updates be placed in client chart.

Primary Caregiver's Signature: *G. Tugade*  
Print Name: GINA C. TUGADE Date of Signature: 11/21/19



Community Care Foster Family Home (CCFFH)  
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Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: GINA C. TUGADE

CCFFH Address: 151440 18th Ave. Kaloali, Keaau HI 96749

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.a	Deficiency cannot be corrected	11/14/19	For the safety of the clients CCFFH shall conduct fire drills day, evening, and nights and be done by all substitute caregivers at least once per year. Will test smoke detectors during each fire drills.
51.a.1	Cgths was covered with home general Liability Insurance Nov 15, 2019	11/15/19	Home will notify insurer when new Cg's are added to the home.

Primary Caregiver's Signature: Hugadi

Print Name: GINA C. TUGADE

Date of Signature: 11/21/19

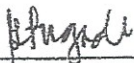


Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: GINA C. TUGADE

CCFFH Address: 151440 18th Ave Kalohe Keanu HI 96749

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.C.3	RNCM already did the RN delegation for all 3 clients. It was placed into the client record.	11/19/19	Will request copies of RN delegation forms at least every 6 months or as needed when Service plan is made.
54.C.2	Obtained from CMA. Service plan filed in client chart.		Will request service plan updates be placed in client chart 1 month following assessment visit.

Primary Caregiver's Signature: 

Print Name: GINA C. TUGADE

Date of Signature: 11/21/19